

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

Alias _____

PROBATE COURT OF THE _____

No. _____

Date _____

PETITION FOR PROBATE OF WILL

Respectfully represents that:

Name of Deceased: _____

Name of Deceased

Personal estate estimated at: \$ _____

Resided in: _____

City/Town of Residence

Died testate: _____

Date of death

Your petitioner:

Name _____

Relationship to Deceased _____

No. _____

Street _____

City/Town _____

State _____

Zip _____

Phone Number _____

Respectfully requests that:

The accompanying instrument dated _____

Date Will and/or Codicil Was Signed

may be admitted to probate as the last will and testament of the deceased and that: [] letters testamentary [] letters of administration c. t. a. may be issued to:

(check one)

Name of Nominee _____

Relationship to Deceased _____

Name of Co-Nominee (if any) _____

Relationship to Deceased _____

No. _____

Street _____

No. _____

Street _____

City/Town _____

State _____

Zip _____

Phone Number _____

City/Town _____

State _____

Zip _____

Phone Number _____

Deceased left the following surviving spouse and heirs at law who would inherit had deceased died intestate:
(Indicate any minors or incompetents.)

NAME	ADDRESS	RELATIONSHIP
		(spouse)

Attach form PC—9.1, Waiver, if applicable.

The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Signature of petitioner _____

Date _____

_____ Sc.

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

Notary public (please print name) _____

Notary public signature _____

DECREE

Upon hearing, it is hereby ordered and decreed:

The instrument herewith presented may be admitted to probate as the last will and testament of:

Name of Deceased

Upon the filing of a bond in the sum of: \$ [] With surety [] Without surety (if with surety, indicate type)

[] letters testamentary [] letters of administration c. t. a. (check one)

may issue to:

Name of Nominee				Name of Co-Nominee (if any)			
No.		Street		No.		Street	
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

Appointed APPRAISER(s): (if different from above)

Name				Name			
No.		Street		No.		Street	
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

Appointed RESIDENT AGENT(s):

Name				Name			
No.		Street		No.		Street	
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

Entered as an order and decree of the court on:

Date	Probate Judge
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Attorney of record:

Advertised Dates (or copy of ad)

Name		Bar Number					
No.		Street					
City/Town	State	Zip	Phone Number				